

REGISTRATION OF SUPERVISION INSTRUCTIONS

Submit registration materials in one package to the address indicated above. Each supervisor must be registered on a separate form.

Supervised experience obtained in Virginia without prior written approval shall not be accepted toward certification.

Form 5. Registration of Supervision.

Part I. Trainee Information

In accordance with §54.1-116 of the *Code of Virginia*, you are required to include your Social Security Number, or your *Virginia* Department of Motor Vehicles control number on your registration form. Forms that lack this information will not be processed, and fees will not be refunded. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law.

Part II. Education

To document completion of the degree requirement, you must submit an official transcript from each institution in the Registrar's original unopened envelope with the Registrar's stamp over the seal.

Registrations will not be processed if the transcript is not in the original sealed envelope.

Part III. Supervisor Information

If your supervisor is not licensed in Virginia, **Form 4** must be completed and submitted with your registration package.

Part IV. Supervision Contract

Have your supervisor complete this part of the form. Supervisor must state in the contract how many hours of individual face to face supervision will be given per week/month as well as group supervision, if applicable.

Part V. Declaration of Supervisor

Original signatures of both resident and supervisor must appear on the affidavit.

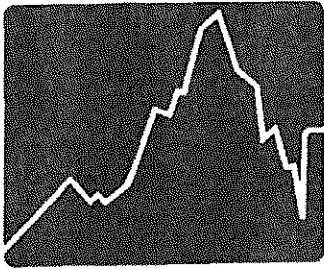
Form 4. Licensure Verification of Out-of-State Supervisor

Part I.

Have your supervisor complete only Part I of this form and forward the form with any necessary fees to the state or organization that granted the license or certification for completion. Submit the completed verification form(s) with the rest of your application package. Registrations will not be processed if verification forms are not in the original sealed envelopes.

Fee

Include your check or money order for \$50.00 for each registration made payable to the Treasurer of Virginia. **The fee is non-refundable.** Applications submitted without the required fee will be returned.



COMMONWEALTH OF VIRGINIA

BOARD OF PSYCHOLOGY

Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463
(804) 367-4697

SEX OFFENDER TREATMENT PROVIDER VERIFICATION OF SUPERVISION

I. TO BE COMPLETED BY VIRGINIA APPLICANT

Applicant's Name

Social Security or Virginia DMV Control Number

II. TO BE COMPLETED BY THE SUPERVISOR

Supervisor's Name:

Virginia Sex Offender Treatment Provider Certification Number:

Supervisor's Business Address:

Supervisor's Daytime Phone Number:

License Title(s)

License number(s) and expiration date(s): (If licensed outside Virginia, please submit Form 4, "Licensure Verification of Out-of-State Supervisor")

Dates the applicant was under your supervision :

From: _____
(month/day/year)To: _____
(month/day/year)

a. Hours applicant worked	Per Week _____	Total _____
b. Hours of face-to-face sex offender client treatment and assessment	Per Month _____	Total _____
c. Hours of individual, face-to-face supervision	Per Month _____	Total _____
d. Hours of group supervision	Per Month _____	Total _____

Regulations allow an applicant who obtained post-degree clinical experience required for a mental health license within the past ten years to receive credit for those hours of supervised experience that were in the delivery of clinical assessment/treatment services with sex offender clients provided: (a) He/she can document that the hours were in the treatment and assessment with sex offender clients; and (b) The supervisor for those hours can attest that he is licensed and qualified to render services to sex offender clients. If supervision was provided for the applicant who obtained experience required for another mental health license within the past 10 years, please provide your best estimation of the hours applicable to sex offender treatment.

Duties performed by the applicant under your supervision:

EVALUATION OF APPLICANT: To complete the supervision requirements, applicants must demonstrate competency in the areas listed below. Please check your evaluation of the applicant in each area listed below.

- | | | |
|--|----------------------------------|---------------------------------|
| 1. <u>Sex Offender Assessment</u> | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 2. <u>Sex Offender Treatment Interventions</u> | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 3. <u>Etiology/Development Issues of Sex Offense Behavior</u> | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 4. <u>Criminal Justice and Legal Issues Related to Sexual Offending</u> | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 5. <u>Program Evaluation, Treatment Efficacy and Issues Related to Recidivism of Sex Offenders</u> | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

In your opinion, has the supervisee demonstrated competency in providing sex offender treatment services sufficient for certification?

Comments by supervisee:

This evaluation has been discussed with the supervisee and a copy has been provided to the supervisee.

Signature of Supervisor: _____

Date: _____

Signature of Supervisee: _____

Date: _____